



000657144D01

## SERVICE RETURN

Doc. No. 104176

Douglas District Court  
1701 Farnam  
Omaha NE 68183

To:  
Case ID: CI 12 860 Mid-American Benefits Inc v. RMTS LLC

Received this Summons on \_\_\_\_\_ I hereby certify that on  
\_\_\_\_\_ at \_\_\_\_\_ o'clock M I served copies of the Summons

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mr. David P. Kalm, President & CEO  
RMTS LLC  
The Old Mercantile Exchange Bldg.  
Six Harrison Street  
New York, NY 10013

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Anita Abraham

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from service label)

7010 0290 0002 7825 1453

102595-02-M-1540 (Person)

PS Form 3811, February 2004

Domestic Return Receipt

CERTIFIED MAIL  
PROOF OF SERVICE

Copies of the Summons were mailed by certified mail,  
TO THE PARTY: RMTS LLC

At the following address: Mr. David Kalm, President & CEO  
The Old Mercantile Exchange Building  
Six Harrison Street

New York, NY 10013

on the 3rd day of February, 2012, as required by Nebraska state law.

Postage \$ \_\_\_\_\_ Attorney for: Milton A. Katskee, #12147  
Plaintiff

The return receipt for mailing to the party was signed on February 8, 2012.

To: RMTS LLC  
David Kalm, President and Chief Old  
Mercantile Exch. Build. 6 Harrison  
New York, NY 10013

From: Milton A Katskee  
10404 Essex Ct., #100  
Omaha, NE 68114

EXHIBIT

D

ATTACH RETURN RECEIPT &amp; RETURN TO COURT

Image ID:  
D00104176D01

**SUMMONS**

Doc. No. 104176

IN THE DISTRICT COURT OF Douglas COUNTY, NEBRASKA  
1701 Farnam  
Omaha NE 68183

Mid-American Benefits Inc v. RMTS LLC

Case ID: CI 12 860

TO: RMTS LLC

**FILED BY**  
Clerk of the Douglas District Court  
02/02/2012

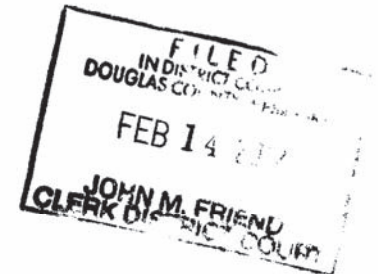
You have been sued by the following plaintiff(s):

Mid-American Benefits Inc

Nebraska Assoc. of Resource Distr

Plaintiff's Attorney: Milton A Katskee  
Address: 10404 Essex Ct., #100  
Omaha, NE 68114

Telephone: (402) 391-1697



A copy of the complaint/petition is attached. To defend this lawsuit, an appropriate response must be served on the parties and filed with the office of the clerk of the court within 30 days of service of the complaint/petition. If you fail to respond, the court may enter judgment for the relief demanded in the complaint/petition.

Date: FEBRUARY 2, 2012 BY THE COURT:

*John M. Friend*  
Clerk



PLAINTIFF'S DIRECTIONS FOR SERVICE OF SUMMONS AND A COPY OF THE COMPLAINT/PETITION ON:

RMTS LLC  
David Kalm, President and Chief Old  
Merchantile Exch. Build. 6 Harrison  
New York, NY 10013

Method of service: Certified Mail

You are directed to make such service within ten days after the date of issue, and file with the court clerk proof of service within ten days after the signed receipt is received or is available electronically, whichever occurs first.



000657710D01

**SERVICE RETURN**

Doc. No. 104177

Douglas District Court  
1701 Farnam  
Omaha NE 68183

To:

Case ID: CI 12 860 Mid-American Benefits Inc v. RMTS LLC

Re

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
up	<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
by		B. Received by (Printed Name)	C. Date of Delivery
		<b>GADA LAW OFFICE</b>	2012
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:			
as	Nationwide Life Insurance Company		
Se	c/o CT Corporation System, RA		
Co	1024 K Street		
	Lincoln, NE 68508		
Mil			
2. Article Number	7010 0290 0002 7825 1460		
(Transfer from service label)			
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540	
Date:	BY: (Sheriff or authorized person)		

**CERTIFIED MAIL  
PROOF OF SERVICE**

Copies of the Summons were mailed by certified mail,  
TO THE PARTY: Nationwide Life Insurance Company

At the following address: c/o CT Corporation System, Reg. Agent

1024 K. St.

Lincoln, NE 68508

on the 3rd day of February, 2012, as required by Nebraska state law.

Postage \$ 10.60 Attorney for: Milton A. Katskee, #12147  
Plaintiff

The return receipt for mailing to the party was signed on February 6, 2012.

To: Nationwide Life Insurance Compa  
CT Corporation System R.A.  
1024 K St  
Lincoln, NE 68508

From: Milton A Katskee  
10404 Essex Ct., #100  
Omaha, NE 68114



**ATTACH RETURN RECEIPT & RETURN TO COURT**



Image ID:  
D00104177D01

**SUMMONS**

Doc. No. 104177

IN THE DISTRICT COURT OF Douglas COUNTY, NEBRASKA  
1701 Farnam  
Omaha NE 68183

Mid-American Benefits Inc v. RMTS LLC

Case ID: CI 12 860

TO: Nationwide Life Insurance Compa

**FILED BY**  
Clerk of the Douglas District Court  
02/02/2012

You have been sued by the following plaintiff(s):

Mid-American Benefits Inc

Nebraska Assoc. of Resource Distr

Plaintiff's Attorney: Milton A Katskee  
Address: 10404 Essex Ct., #100  
Omaha, NE 68114

Telephone: (402) 391-1697

A copy of the complaint/petition is attached. To defend this lawsuit, an appropriate response must be served on the parties and filed with the office of the clerk of the court within 30 days of service of the complaint/petition. If you fail to respond, the court may enter judgment for the relief demanded in the complaint/petition.

Date: FEBRUARY 2, 2012 BY THE COURT:

*John M. Friend*  
Clerk



PLAINTIFF'S DIRECTIONS FOR SERVICE OF SUMMONS AND A COPY OF THE COMPLAINT/PETITION ON:

Nationwide Life Insurance Compa  
CT Corporation System R.A.  
1024 K St  
Lincoln, NE 68508

Method of service: Certified Mail

You are directed to make such service within ten days after the date of issue, and file with the court clerk proof of service within ten days after the signed receipt is received or is available electronically, whichever occurs first.

# First Class Mail



7010 0290 0002 7825 1460

Certified/Return Receipt Requested

7010 0290 0002 7825 1460

<b>Katskee, Henatsch &amp; Suing</b> Attorneys at Law 10404 Essex Court, Suite 100 Omaha, NE 68114	<b>TO:</b>  Nationwide Life Insurance Company c/o CT Corporation System, RA 1024 K Street Lincoln, NE 68508
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**U.S. Postal Service**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.60

Postmark  
Here

Sent To	Nationwide Life Insurance Company
Street, Apt. No., or PO Box No.	c/o CT Corporation System, R.A. 1024 K Street
City, State, ZIP+4	Lincoln NE 68508

**FILED**  
IN DISTRICT COURT  
DOUGLAS COUNTY, NEBRASKA  
**FEB - 8 2012**  
JOHN M. FRIEND  
CLERK DISTRICT COURT

<b>SENDER: COMPLETE THIS SECTION</b> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		<b>1. Article Addressed to:</b> Nationwide Life Insurance Company c/o CT Corporation System, RA 1024 K Street Lincoln, NE 68508	
<b>2. Article Number</b> (Transfer from service label) 7010 0290 0002 7825 1460		<b>PS Form 3811, February 2004</b> Domestic Return Receipt 102586-02-14-1540	
<b>3. Service Type</b> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		<b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>A. Signature</b> X		<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B. Received by (Printed Name)</b> C. Date of Delivery		<b>COMPLETE THIS SECTION ON DELIVERY</b>	